



## Student Evaluation Summary for Modified Fundamentals of Caregiving Self-Study

Class Start Date:

Business Name:

Instructor:

Business Type: AFH ☐ BH ☐ Community MOU ☐ AAA ☐

Number of Students:

Number of Evaluations turned in:

- ► **Instructions:** Add up the total number of students who rated a particular score in each item below. Write the total to the right of the appropriate number.

### Rating the Class Subject Matter

	Poor		Fair		Great
Module 1 - Getting Started	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Module 2 – Providing Care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Module 3 – Client Rights and Mandatory Reporting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Module 4 – Medications and Other Treatments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Module 5 – Food Safety	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Overall quality of the course	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

### Statements

	Not True at all		Somewhat True		Very True
1. The Student Workbook was easy to read and use.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. The information in this course has helped me be more aware of a client's rights.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. I understand my role as a mandatory reporter and know when and where to report suspected abuse.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. I understand my role with a client in assisting with medications.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. The instructor was available to answer my questions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. The Module Reviews helped me prepare for the test.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. I preferred learning using the self-study course rather than classroom instruction.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

► ► **Instructions:** Fill in the totals.

8. RN                      LPN                      Certified Nursing Assistant                      Physical Therapist  
Occupational Therapist                      Medicare-certified home health aide

► ► **Instructions:** summarize what the students wrote in the comment section of the evaluation. It is not necessary to write what the students wrote verbatim. Include information you feel would be helpful to pass along.

9. Is there anything else you would like to pass along about the course, the instructor or the test?

Send this student evaluation summary to:

Training, Communications, and Development Unit  
Aging and Disability Services Administration  
P.O. Box 45600, Olympia, WA 98504-5600  
**Fax:** (360) 725-2646  
E-mail: [trainingreports@dshs.wa.gov](mailto:trainingreports@dshs.wa.gov)  
For questions, you may call:  
(360) 725-2548 or  
1-800-422-3263